

To,

The Dean of General Medicine faculty (AsMI named after S.Tentishev)

Name: _____

From,

The student of General medicine faculty (AsMI named after S.Tentishev)

Name: _____

Year _____ Semester _____ Group _____ Program (5th year, 6th year)

APPLICATION

Subject: Unsatisfactory mark

I am writing this letter to bring to your kind attention that I got unsatisfactory mark on the subject (s):

1. _____ Dated: _____
2. _____ Dated: _____
3. _____ Dated: _____
4. _____ Dated: _____
5. _____ Dated: _____
6. _____ Dated: _____

Therefore, I request you to give a permission to clear my unsatisfactory mark (s).

Applicant name: _____

Signature: _____ Date: _____

To be completed by Dean:

APPROVED:

Signature: _____ Date: _____

IMPORTANT NOTE: 1. Students who missed per semester 40 classes without respectful reason will be sent year back or expelled from the Institute; 2. The duration of the permission slip is 14 days, after 14 days it will be expired; 3. Each absence/unsatisfactory mark must be cleared before the 10th of the next month, after the 10th permission slips will not be given; 4. PLEASE ENSURE THE CORRECT DATE OF THE MISSED CLASS/UNSATISFACTORY MARK BEFORE THE SUBMISSION OF YOUR APPLICATION, AFTER SUBMISSION IT WILL NOT BE CORRECTED. CORRECTIONS AND BLOTS IN THE APPLICATION ARE NOT ALLOWED.